Sest Available Copy ()												
Application or Docket Nur												per
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 9/690796												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								ALL E	NTITY		OTHER	
TOTAL CLAIMS			621					RATE	FEE	OR 1	SMALL	FEE
FOR			NUMBER FILED		NUMBER EXTRA		_	ASIC FEE			BASIC FEE	
TOTAL CHARGEABLE CLAIMS			/2/ minus 20=		. 101		-	X\$ 9=	-	Î		
INDEPENDENT CLAIMS			4 minus 3 =		• 10		-			OR		8/8.00
MULTIPLE DEPENDENT CLAIM PRESENT							X40=	-	OR	X80=	80.00	
• If the difference in eating 1 is less than once and a serior of							Ŀ	135=		OR	+270=	
If the difference in column 1 is less than zero, enter "0" in column 2								OTAL	L	OR	TOTAL	2608
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							•	MALL	ENTITY	OR	OTHER SMALL	
		CLAIMS HIGHEST									JIRALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 25	Minus	- 10	21	- 0		X\$ 9=		OR	X\$18=	
3	Independent	· 3	Minus	•••	4	- 0		X40=	1	OR	X8D=	
FIRST PRESENTATION OF MULTIPLE DEPENDENTICLAIM										OH		
								135= YOYAL		OR	+270= YOTAL	
(Column 4)								DIT. FEE	Ц	OR	ADDIT. FEE	
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST											<u> </u>	
MENDMENT B		REMAINING		NUM	BER	PRESENT		RATE	ADDI-		RATE	ADDI-
		AFTER AMENDMENT		PREVIO PAID		EXTRA			TIONAL FEE_			TIONAL FEE
	Total	. 25	Minus	·· lé)	. Q		(\$ 9=		OR	X\$18≃)
AM	Independent FIRST PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						X40=	T	ОЯ	X80=	
THE PERSON OF MIDELLI LE DEPENDENT CLAIM								135=		OR	+270=	
•								TOTAL SIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)	<u>.</u>	(Cotur	m 2)	(Column 3)			_			
U	•	CLAIMS REMAINING AFTER AMENDMENT		HIGH	BER				ADDI-			4001
AMENDMENT C				PREVIO PAID		PRESENT EXTRA	f	SATE	TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		•		(\$ 9=		OR	X\$18=	
AME	Independent	•	Minus	•••		=		 (40 <u>⇒</u>			X80=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
	If the entry in ooks	mn 1 is less than th	e antry in cré:	mn 2 write	Wh.	hmo 3		135=	• •	OR	+270=	
•••	"If the entry in column 1 is less than the entry in column 2, write "U" in column 3. "If the "Highest Humber Previously Paid For" IN THIS SPACE is less than 20," enter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE ADDIT. FEE											
	The Trighest Nur	nber Previously Pai	d For (Total or	r Independ	ent) is the	i highest numbe	e lound	in the app	propriate box	in cal	umo 1,	

FORM PTO-675 (Ray, 800)